DEPARTMENT OF HEALTH SERVICES
OFFICE OF MEDI-CAL PROCUREMENT
700 NORTH TENTH STREET, SUITE 102B
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 323-7406

December 5, 1997

Dear Prospective Proposers:

RESPONSE TO PROPOSER QUESTIONS REGARDING THE MEDI-CAL/HEALTHY FAMILIES OUTREACH CAMPAIGN - REQUEST FOR PROPOSAL (RFP) NO. 97-11933

Enclosed you will find questions and answers related to the Medi-Cal/Healthy Families Outreach Campaign RFP, No. 97-11933. Where appropriate, similar questions with the same response have been grouped together. As noted on page 12 of the RFP, the question and answer period for this RFP concluded at 3 p.m. on November 24, 1997.

This document will be mailed to your agency. If you have any questions, please contact me at (916) 323-7406.

Sincerely,

Michael J. Neff, Chief
Office of Medi-Cal Procurement

Enclosure

RFP 97-11933
QUESTIONS AND ANSWERS
December 5, 1997

SAMPLES/DOCUMENTS

Q1: Are work sample copies required in all 13 books, or just the original proposal?

1a: Do we have to supply 12 sets of each sample of our past work or can one set be shared among members of the review team?

A: Work samples are required for the original and the 12 copies.

Q2: Which items on pages 43-49 are part of the 60 page limit and which are considered "appendices?"

Q2a: Does the 60 page limit include just the actual RFP pages, or does it include the attachments and appendices as well?

A: The required forms, documents, and items listed on pages 48-52 of the RFP, specifically Number 13 "Cost Proposal/Budget Justification", Number 14 "Required Forms and Documents" and Number 15 "Appendix" are not part of the 60 page limit. The 60 page limit includes everything else that is asked for or required.

QUALIFICATIONS

Q3: Are various documents (i.e., annual gross billings, organizational chart, conflict of interest, financial statements, etc.) that are referenced in the Proposer Qualifications Section of the RFP, pg. 35, also required in the Required Forms & Documentation Section of the proposal?

Q3a: What forms in the RFP will subcontractors be asked to complete? (Specifically referring to the forms contained in the attachments and exhibits.)

A: The documents requested in Section VIII. Proposer Qualifications are to be included only once in the order specified in Section X, Format and Required Content of Proposal. While the prime Contractor is the only one required to complete the required forms, any subcontractors of the prime Contractor are also responsible to adhere to the contract requirements by the State. For example, any subcontractor must provide a conflict of interest disclosure statement, have a drug-free policy, a non-discrimination policy, et cetera, and must adhere to the Travel and Per Diem requirements. The prime Contractor, however, is responsible for the actions thereof pertaining to anyone he/she is doing business with in accordance to the RFP requirements.

Q4: Do all agencies in a consortium need to be located in California? Can subcontractor be located in another state?

Q4a: Relevant to page 36, Section D, "the proposer must have a current, fully-functioning California-based office to service this account, and must have been doing business in California for at least three years." What qualifications must a subcontractor's subsidiary agency meet with regard to business activity in California? Is there a minimum number of employees and/or California based billings that the subcontractor must have in order to be a qualified member of the proposed consortium?

Q4b: Must the proposer have had an office in California for three full years (p. 36)? (e.g. is a proposer qualified to bid if it has had an office in California for part of 1995, all of 1996 and all of 1997? Can this requirement be fulfilled by subcontractor?

A: The prime Contractor must fulfill the requirement to have a fully functioning office in California for the past three years. In the case of a consortium, the entity identified by the consortium to act on its behalf must be located in California with a fully functional office for three years and fulfill all other conditions required of a prime Contractor. The proposer may identify other agencies in a consortium and/or subcontractors located in other states and document in their proposal those working arrangements. It should be noted, that page 50 of the RFP states that reimbursement for travel is limited to travel within California through this contract. Section VIII, Proposer Qualifications, item D. applies only to the prime Contractor.

Q5: The RFP requires financial statements, yet also states that confidentiality cannot be guaranteed for items in the proposal. Does this hold true for financial statements as well?

Q5A: In the past, DHS has attempted to keep certain materials (i.e. financial records) submitted with RFP responses confidential and not part of public record. It appears that everything will be public for this RFP. Is that true? If so, why?

A: It is unlikely that financial statements could be justified as confidential. Because of the aggressive timelines in the procurement and the complex process that must be adhered to in maintaining the confidentiality of the proposer's information. All information contained in the proposal will be treated as public.

Q6: Can we submit a Conflict of Interest Disclosure Statement prior to the submission of the written proposal? And if so, how long will it take OMCP to review the statement and notify the agency of possible conflicts?

A: Yes. It is in the best interest of the Proposer to submit a Conflict of Interest Disclosure Statement prior to submission of the written proposal. The OMCP also has an interest in reviewing and resolving any conflict of interest issues as soon as possible. Submit to: Michael Neff, Chief, Office of Medi-Cal Procurement 700 North Tenth Street, Suite 102, Sacramento, CA 95814, Fax (916) 323-7456. Responses will be provided within two working days.

Q7: If a subcontractor is part of a larger organization and the parent company, not the subcontractor, has liquor and/or tobacco account in another state, is this considered a conflict of interest or does it suffice for the proposal to disclose this potential conflict?

Q7a: Relevant to the disclosure of potential conflicts of interest (pages 37-39, section H), if an agency has five separately managed units (i.e. Promotions, Direct, Entertainment, etc.), that share one office in California but function autonomously on a fiscal basis as well as an operational basis (each unit has its own media planning, strategic planning, creative development and account service staff) and one of the units -- not the proposing unit -- has a liquor account, is this considered a conflict of interest?

Q7b: We handle a client with multiple retail discount stores throughout California that often sells alcoholic beverages? Is this a conflict? and if so, how do we resolve it for purposes of this RFP?

Q7c: We handle medical and dental plan clients that may become Healthy Families plans, is this a conflict? Again how would we need to resolve it for purposes of the RFP?

Q7d: Please define conflicts of interest issues aside from tobacco and alcoholic beverage interests. What if you represent a Medi-Cal program for Blue Shield? Is that a potential conflict of interest?

Q7e: Is it a conflict if a sub-contractor does work for a company whose parent separately markets tobacco and/or alcoholic beverages?

Q7f: If a proposer states in their conflict of interest disclosure that they will resign a current alcoholic beverage client if awarded this contract is that an acceptable mitigation?

A: Any relationship which a proposer, including any sub-contractors, believes may be a potential conflict of interest must be identified and submitted to the Department in the proposal along with the proposer's plan to resolve this potential conflict of interest. If a proposer can demonstrate an adequate separation of activities, then there should be no presumption of a conflict of interest.

Q8: Earlier this year the Department of Health Services awarded a $37 million contract to a joint venture between Hill & Knowlton and Runyon, Saltzman, Einhorn for the Partnership for Responsible Parenting. Janice Ploeger Glaab, Associate Secretary and Director of External Affairs of the State Health and Welfare Agency, participated in that award process and shortly after the contract award accepted a position with H&K. What is the Department's position regarding former employees working for Contractors? And has Janice Glaab been in contact with any member of the Department of Health Services since her employment with H&K regarding this RFP or any other contracts?

A: Please refer to Item 20 of Exhibit A (C) , Conflict of Interest - Current and Former State Employees which outlines relationships of current and former State officers or employees and Contractors. The Chief, OMCP, is not aware that Ms. Glaab has had any contacts with Department staff regarding this RFP or any other contracts.

Q9: The RFP (page 34, section A) says "proposer must have $6 million in annual gross billing." Is that requirement for each of the 3 years, including 1994, 1995, 1996? Or does that mean just in the current year? If a consortium of agencies is coming together to submit a proposal can one partner in the consortium (i.e. the agency that will be responsible for paid advertising) meet the $6 million a year gross billings requirement or must it be the prime Contractor?

Q9a: Under a consortium proposal, does each company member of the consortium need to meet the $6 million billing requirement or is it a requirement of the consortium's combined billings?

Q9b: If we submit a proposal from a consortium rather than a single firm must both/all parties submit financials and demonstrate a letter of confirmation of resources?

A: In the situation of a consortium, the $6 million billing requirement for the past three years (1994, 1995, 1996) may be fulfilled among the entity identified by the consortium to act as the prime Contractor and up to three additional subcontractors. The entity identified by the consortium to act on its behalf is responsible for submitting documentation such as financial statements and letters of credit/resources.

Q10: From a capability standpoint, what is the significance of the $6 million billing requirement? Why is the $6 million the required level versus $5 million or $2 million if the proposer meets all the other qualification requirements?

A: Section VIII., A. of the RFP provides guidelines for billing documentation. Six million dollars annual gross billings for the three prior years (1994, 1995, 1996) is considered by the Department as an adequate demonstration of a proposer's past experience to undertake a Campaign of this magnitude.

PRIOR CONTRACTS

Q11: What contracts with the Department of Health Services does Hill & Knowlton and/or Runyon, Saltzman, Einhorn currently have? What are the dates of award and total dollar amounts?

A: RS&E/H&K have the Partnership for Responsible Parenting, Contract Number 96-26260: Media/Public Relations Program; awarded Feb. 14, 1997 through June 30, 1999 and the total dollar amount of the award was: $28,750,000. They also have the BabyCal Campaign, Contract No. 95-23003; initially awarded on October 1, 1995 through September 30, 1998 and the total dollar amount of the original award was $16,000,000.

Q12: How satisfied is the State with its current Contractor? a)___Not Satisfied ___Satisfied ___Very Satisfied; b) Which specific components of the current Contractor's campaigns does the State consider to be most successful?

A: A formal evaluation for the current Contractor's BabyCal Campaign Phase IV work has not yet been undertaken. The current Contractor has shown a good understanding of the target population for the BabyCal Campaign and Medi-Cal Managed Care Campaign and has provided outreach in accordance with the terms of the contract.

Q13: Can we get a copy of the Hill and Knowlton proposal as a public document and how?
Q13a: Are past winning proposals for BabyCal available for review? If so, how do we get copies of these?
Q13b: We would like to view a copy of the RFP submitted by Runyon Saltzman and Einhorn when they were awarded the business in 1995. Who must we contact to receive a copy of this document?

A: There is no separate Hill and Knowlton proposal applicable to this RFP. The 1995 Runyon Saltzman and Einhorn BabyCal proposal will be available for review in the Medi-Cal/Healthy Families Outreach and Education Campaign Data Library (please refer to Addenda 1 for particulars)

RFP SUBMISSION

Q14: May we get a list of the bidders' conference participants?

A: Yes. It was distributed at the end of the proposers' conference to those requesting a copy. Other interested parties may obtain a copy by contacting Michael Neff, Chief, Office of Medi-Cal Procurement, 700 North Tenth Street, Suite 102, Sacramento, CA 95814, Fax (916) 323-7456.

Q15: Will the Department addend the RFP after the proposers' conference? Who will be sent copies of addenda?

A: Yes, the Department may addend the RFP after the proposer's conference. All interested parties that submitted a letter of intent/interest or requested to receive RFP information will receive a copy of the addenda and questions and answers.

Q16: Considering that a 41 month program plan is required and the upcoming holiday weekend adding to our time constraints, how fast is the December 19, deadline?
Q16a: This appears to be by far the largest program budget for any public education RFP ever let by the State, with the least amount of response time. Why is DHS allowing only four weeks to respond to an RFP of this magnitude?

A: The Department's aggressive procurement timeline is necessary to meet the legislative mandate of February 18, 1998 to implement and establish the Medi-Cal/Healthy Families Outreach and Education Campaign. The proposal submission deadline will not be adjusted. However the oral interviews, if held, will be on January 14 , 1998, not January 7, 1998.

BUDGET

Q17: Can more than one Healthy Families program be supported in the same advertising creative unit? In other words, can print advertising reference two or three programs if the different calls-to-action (telephone numbers) are provided? Can budgets be shared in such a manner?

A: As specified in the RFP, each of the three campaign components has been allocated a separate implementation budget. The three media campaigns have similar messages however, each has a distinct goal. The enabling legislation for each campaign is also separate. The Department expects the proposer to recommend a plan to creatively market the campaigns that ensures each individual campaign's messages remain distinct and is clearly communicated. It is recognized that opportunities, such as health fairs, press conferences, special events will occur where it is appropriate to combine activities and the messages of more than one campaign can be successfully communicated.

Q18: On page 45 of the RFP you ask for the salary schedules for proposer's staff. Does that mean the actual salaries that these people are paid (which many agencies consider confidential)? Or are their applicable billing rates acceptable? If it does require salary information, can this portion of the proposal be confidential (not of public record since these are non-government workers)?

A: The Department is interested in the proposer's applicable billing rate to the State.

Q19: Is funding assured for 1998 and where are funds appropriated from?

A: We anticipate the Governor's Budget to include funding for 98-99 at levels indicated in the RFP. (Please refer to RFP Section III and Exhibit #3.) Funding is contingent on Legislative approval of the Governor's proposal and approval of federal funds.

Q20: In regards to the cost proposal, should charges for out of pocket reimbursement, hourly rates, commissions and fees and value of probono services be broken out separately for the proposer and all subcontractors? Or, is the cost proposal sheet just for the proposer and all the subcontractors are included under the column "out of pocket reimbursement expenses?

A: Cost proposal charges should be allocated to the column that appropriately reflects the expected budget expenditure. The proposer's narrative budget justification will describe how the proposer calculated the cost proposal (RFP section X., 13.) The justification must include sufficient detail to demonstrate that the budget is appropriate and realistic for the proposed scope of work.

TOLL-FREE

Q21: Please describe the toll-free number in more detail. Will the phone number be same for all three campaigns? Will there be a recorded message or will there be live operators? Will the message/operator be in the 10 threshold languages?

A: For the present time all three campaign components described in the RFP will have individual toll-free telephone numbers, specifically 1-800- BABY-999 for Baby-Cal, 1-800-430-4263 for Medi-Cal Managed Care, and 1-800-XXX-XXXX for the Medi-Cal/Healthy Families Campaign. At some time in the future, the Department envisions a single toll-free number for callers that would act as a triage to appropriate program information.

Page 19 of the RFP provides an outline of the requirements of the toll-free service for the Medi-Cal /Healthy Families Outreach and Education Campaign component of the RFP. It is expected that the toll-free information service will include a combination of menu options that will provide recorded messages that provide pertinent program information in up to ten languages, assistance by trained operators in up to ten languages, as well as connection to the Healthy Families Enrollment Contractor.

Q22: Is it feasible to use a single phone number for all three programs?

A: At the present time, a single phone number is not planned. However it is envisioned that in the long term, a single toll-free number would be designed to connect callers to information about a variety of services available through the Department.

Q23: What are the details/contracts for the current phone numbers?

A: The BabyCal Campaign toll-free information service, 1-800-BABY-999 is an interactive phone system available 24 hours/daily to supplement BabyCal advertising messages. Currently the line has English and Spanish capability. The line provides information about prenatal care, and details regarding Medi-Cal, Access for Infants and Mothers (AIM) and Women, Infants and Children (WIC) Program. Callers may enter their area code and prefix to obtain referral information for the local health and welfare offices. AT&T is the Contractor for this toll-free line which is administered under a separate Department contract which is not part of the BabyCal Campaign contract.

The Medi-Cal Managed Care Campaign toll-free information number, 1-800- 430-4263, is a service provided by the Medi-Cal Managed Care enrollment Contractor to assist Medi-Cal beneficiaries to enroll in one of the Medi-Cal Managed Care health plans, and choose a doctor or a clinic. This line provides callers with information in ten languages through a combination of interactive recorded prompts and trained operators.

Q24: When does the 800 number need to be online?

A: The Medi-Cal/ Healthy Families Outreach and Education Campaign toll-free line must be online for the launch of the advertising component for Healthy Families program in May/June 1998.

DVBE

Q25: What was the legal basis for not including DVBE participation goals on this solicitation?
Q25a: In light of State policy identified above to include DVBE participation could the RFP be modified to encourage bidding prime Contractors to include the participation of DVBE firms in this solicitation?

A: This RFP is exempt from the Public Contract Code (PCC), therefore, the Department is not obligated to impose the standards for including DVBE in the evaluation of potential Contractors. Additionally, because significant portions of this contract are for media purchase and direct payment for services and that these amounts will vary over time, it is difficult, if not impossible, to determine compliance with any set-asides.

The Department always encourages diversity in its business practices, however, the RFP is legislatively exempt from provisions of the Public Contract Code hence, no addenda will be issued regarding this issue/subject. (The exemption notwithstanding, the Contractor must ensure cultural competence and relevance to the targeted audience in the evaluation process.)

MEDI-CAL/HEALTHY FAMILIES

Q26: Are just children eligible for Healthy Families or their parents as well?

A: Children ages 1-18 are eligible for the Healthy Families program administered by the Managed Risk Medical Insurance Board.

Q27: Is the goal of the outreach portion of the campaign to insure as many children as possible via either Medi-Cal or Healthy Families? Or is the goal to enroll as many children as possible into primarily or only Health Families?

Q 27a: Does DHS have goals or expectations for conversion/sign-ups for the Healthy Families program?

A: The goal of the Medi-Cal/Healthy Families Outreach and Education Campaign is to inform low-income, uninsured families (encompassing an estimated 1,200,000 children) without health care coverage about affordable, accessible health care coverage for children and assist them in the application and enrollment process for both the Medi-Cal and Healthy Families programs.

Q28: On page 15, item 2a., the RFP states that initially, DHS wants at least 60% of the Healthy Families Outreach and Education Campaign budget allotted to community-based programs. Can that 60 percent include the cost of collateral and training materials used specifically for the community-based program component and community-based program-related local PR events? The last sentence in this section says that contract hourly rates, commissions and fees may not be applied to this community outreach and education activity. Does this refer to fees charged by the prime Contractor, subcontractors or both? If so, against what section of the budget are management and coordination costs for the community-based program component to be charged?

Q28a: The RFP asks the Contractor to manage community-based program activities (page 16, final paragraph). Will the Contractor be allowed to charge hourly fees for this work within the 60 percent of the Healthy Families Outreach and Education Campaign budget allotted to community-based programs?

Q28b: The RFP asks the Contractor to develop and implement community-based program certification and training of program staff (page 17, paragraph two). Will the Contractor be allowed to charge hourly fees and/or commissions for this work within the 60 percent of the Healthy Families Outreach and Education Campaign budget allotted to community-based programs?

Q28c: The RFP asks the Contractor to develop and implement program monitoring and reporting requirements, reimbursement structure and payment procedures to pay community-based programs for assisting families with the application process (page 17, paragraph three). Will the Contractor be allowed to charge hourly fees for this work within the 60 percent of the Healthy Families Outreach and Education Campaign budget allotted to community-based programs. Will the same guidelines apply to program evaluation?

Q28d: Will the Contractor be allowed to charge hourly fees and/or commission for creation, production and distribution of collateral materials targeted specifically for community-based programs within the 60 percent of the Healthy Families Outreach and Education Campaign budget that will be allotted to community-based programs?

Q28e: Will the Contractor be allowed to charge hourly fees for managing and administering the comprehensive community-based program portion of the contract within the 60 percent of the Healthy Families Outreach and Education campaign budget allotted to community-based programs?

Q28f: According to the RFP, "contract hourly rates, commission and fees may not be applied to this Community Outreach and Education activity." Does this mean a Contractor cannot be compensated in any way for overseeing the multi-million dollar community based-program contracting and administration process. Or, does it mean that any compensation cannot be applied to the 60% of the Healthy Families budget that must be applied to community based program contracts (thus, the Contractor can be compensated for this activity from other parts of the Healthy Family Budget)?

Q28g: The RFP refers to the Contractor managing 60 percent of the funds to be disbursed to local agencies for the purpose of recruiting eligible families into the program. How does the State plan to ensure that the private Contractor will not profit from the act of signing up California residents for Medi-Cal?

Q28h: In the proposal, it is mentioned that 60 percent of the budget goes to community-based programs and 40 percent to "other". Is this 60 percent of just the Healthy Families/Medi-Cal Budget or 60 percent of the total Budget?

Q28i: Will the Contractor be allowed to charge hourly fees for managing and administering the comprehensive community-based program portion of the contract within the 60 percent of the Healthy Families Outreach and Education campaign budget allotted to community-based programs?

Q28j: Are the incentive payments made to community-based programs to assist families that are determined Medi-Cal eligible with the application process, to come out of the funds allocated in this RFP? If so, how should that amount be determined?

Q28k: Is CBO training and certification part of the 60 percent community-based program budget allocation?

Q28l: The RFP asks the Contractor to manage statewide community-based program recruitment activities (page 17,first paragraph). Will the Contractor be allowed to charge hourly fees for this work within the 60 percent of the Healthy Families Outreach and Education Campaign budget allotted to community-based programs?

A: The Department requires that 60 percent of the Medi-Cal Healthy Families budget is allocated to community-based programs to perform client outreach, education and successful Medi-Cal and Healthy Families enrollment using a new simplified application form to be released by the Department in May 1998. These contracts with community based programs will be performance based in a manner to be specified by the Department. Proposers will be required to provide a budget as part of their proposal for reimbursement of reasonable Contractor or subcontractor administrative costs including staff and training. Proposers will need to propose their administrative capacity to subcontract and their approach to subcontracting. No other costs (such as collateral production) may be charged against the 60 percent budget. The Medi-Cal Managed Care and BabyCal Campaign budgets are not impacted in any way by this 60 percent designation

Q29: For the Healthy Families community-based program contracting component: What do you expect will be the average contract amount? Approximately how many CBOs do you expect will be awarded contracts? (Estimates based on other program's experience is helpful).

A: Since this Medi-Cal Healthy Families Campaign is new, the Department cannot estimate the amount each community-based program will receive. Nor can the Department estimate the number of participating community-based programs. However, the Contractor will be required to include as many appropriate community-based programs as are interested and meet the Department's selection criteria, which will be provided to the Contractor during operations. The Department's criteria will require a diverse cultural, linguistic and urban/rural geographic mix of community-based programs that have a trust relationship with the target population.

Q30: It is our experience that community-based organizations often cannot take on a project of this magnitude without some up front compensation. (i.e. They can't wait 90 days to be paid for the work that they do in connection with the contract.) Will the State provide any advance funding for the community-based program component of this contract? If not, is it the State's understanding that CBOs will be able to wait for compensation until AFTER the State has paid the prime Contractor for these activities?

A: Because the community-based program component is performance based, the State will not provide advance funding.

Q31: Is there a fixed fee already established for reimbursing community-based programs for assisting each family to enroll in Medi-Cal or Healthy Families? If not yet determined, when will it be? How will the determination be made?

Q31a: Is the assistance fee for Healthy Families to be paid solely by the outreach Contractor? I believe there is some conflicting language in the enrollment contract (model) that sounds like these payments will be made through that entity.

A: The Department, through the Contractor, will pay community-based programs for performance. The criteria for payment have not been determined. The contracts will cover both Medi-Cal and Healthy Families.

Q32: How will the community-based program that provides enrollment assistance be identified to enable payment of the enrollment assistance fee?
Q32a: Will it be the same procedure as is currently used for AIM (i.e. space to be filled in on application)?
Q32b: If same as AIM, is this a disincentive to community-based programs providing outreach before the enrollment process is in place?

A: Community-based programs will be identified through completion of the simplified joint Medi-Cal/Healthy Families program application form. The Healthy Families program expects to begin pre-enrollment in May/June 1998 using the new application form with the program scheduled to begin on July 1, 1998.

Q33: With 60 percent minus collateral and administrative costs going to community-based programs that may not leave much prior funding for ads and PR. Why not set a dollar amount to community-based programs and a number desired to be enrolled and require the Contractor to perform or be penalized? No. On every four month progress evaluation, for example.
Q33a: Are we to assume in our proposal that 60 percent of the Healthy Families Outreach and Education campaign budget will be allotted to community-based programs for all four fiscal year periods of the contract?

A: RFP section IV., A. 2.a. specifies that this percentage may be reviewed by the Department and adjusted every six months as required. However, the proposer should use 60 percent when preparing their budget for each of the four fiscal year periods included in their proposal.

Q34: In the Healthy Families component of the campaign, should we plan to address the issue of educating the public on the importance of health care?

A: Yes. Health care is one of the key messages to be addressed in the Campaign. Please refer to page 14 of the RFP.

Q35: What broadcast ads and other campaign materials exist for the Medi-Cal program?

A: Medi-Cal Children's Outreach Campaign creative materials are currently under development and they will not be available for the proposer's review prior to proposal submission. Proposers will not be evaluated for building on the Medi-Cal Children's Outreach Campaign planned to be launched on February 18, 1998. Currently, it is planned that radio commercials, a brochure, posters and toll-free information line will be designed and implemented.

Q36: Is there the expectation that the primary Contractor will issue an RFP to solicit subcontractors for coordinating community-based program outreach on a regional basis, or are subcontractors required to be identified at the time the initial application is filed?

Q36a: Page 31 of the RFP defines workplan requirements. Will the Healthy Families Campaign community-based program subcontractors be required to submit workplans?

A: No, the individual community-based program subcontractors will not be required to submit workplans. However, the Contractor will provide the Department with a workplan on how they will develop and implement the community-based program component.

The expectation is that the primary Contractor will present a plan that includes contracting for outreach activities to community-based programs in their proposal. All other subcontractors and team members, to the extent known, should be identified in your proposal.

Q37: Your community-based program component resembles the city and county grant process. Can you tell me why you chose to include this element as a media campaign component? What process did you follow to decide on including this element?

A: Legislation mandated the Department, in conjunction with the Managed Risk Medical Insurance Board (MRMIB), implement a community outreach and education campaign to help families learn about and apply for Medi-Cal and the Healthy Families program by February 18, 1998. Based on input received from the public at forums held throughout the State, the Department chose to implement a program that rewards performance rather than simply provide grants with no guarantee of return.

Q38: What type of certification will be required for community-based programs to participate in the Healthy Families program?

A: The Department and MRMIB, if appropriate, will provide the Contractor with criteria for community-based program participation after the contract award.

Q39: What role will DHS play in selection of community-based programs? i.e. serve on review panel? Approve final community-based contractors? Other?

A: The Department will provide Contractor with the selection criteria to determine the community-based programs allowed to participate in this program when this contract is awarded. The Department wishes to be as inclusive of community-based programs as possible to encourage participation. Therefore, once the selection criteria is developed, the Department expects the Contractor to expeditiously seek contracts and will expedite the Department approval process.

Q40: To what extent will preventive health care services be emphasized by media and CBO's and need for regular on-going healthcare?

A: Proposers should recommend in their work plan the extent that preventive health care services for children should be emphasized within the key messages and program elements of the Healthy Families Campaign component in Section VII, A. 1 and 2 of the RFP.

Q41: Will DHS staff be available to participate in community-based program training as part of Healthy Families program or is the Contractor required to provide all expertise and trainers?

Q41a: How will community-based programs be trained in the enrollment process, record keeping, form submittals, informed decision making? Standardized training program? Will Medi-Cal enrollment Contractor train in 58 counties? What is the role of local social services agency?

A: The Contractor would be expected to develop a workplan and conduct all required community-based program training statewide, based on the workplan developed. The Department will be available as a consultant. Local social services agencies will continue to process all Medi-Cal applications.

Q42: What are the Department's expectations at launch time in May 1998? CBO's in place? Advertising? PR? Collateral?

A: As stated in the RFP Scope of Work, Section VII. C. , the Department expects to launch the Medi-Cal /Healthy Families Outreach and Education Campaign with advertising, public relations, collateral and community outreach in May, 1998. Further, it is anticipated that as many contracts as possible with community-based programs will be in place by that date.

Q43: If the initial/interim strategies for Medi-Cal are not available today, when or how can these be seen in order to propose a workplan that uses these strategies as a foundation.

Q43a: What are the strategies developed for Medi-Cal slated to be launched in 1998 since you've asked us to build on those for Phase I?

A: The initial strategies for the Children's Medi-Cal Outreach Campaign described on page 5 of the RFP are not currently available to proposers and are not expected to be available during the proposal preparation period. Posters, brochures, outdoor/transit and radio advertising are being considered as part of the Campaign. These materials will be evaluated by the Department to determine which will be incorporated into the Medi-Cal/Healthy Families Outreach and Education Campaign. Therefore, the proposer should develop their strategies and workplan based on the scope of work in the RFP. Once the contract has been awarded, all available information will be provided to the Contractor.

Q44: How will the Department assess the "success" of the Medi-Cal Children's Outreach Campaign that launches in February 1998. On page 16, paragraph 4, the RFP states that the Contractor will be required to analyze the strategies developed for this campaign and, if deemed successful by the Department, build upon them in developing the first phase of the ongoing Healthy Families Outreach Campaign. With Healthy Families advertising launching in May 1998, is this timing realistic?

A: The Department will consider the success of the Campaign to the extent that families are aware that it is easier to apply for Medi-Cal for their children. The Department will provide that assessment to the Contractor.

Q45: Why is Medi-Cal awareness and enrollment a strategy to a group that has lost Medicaid coverage (vs. just communicating the Healthy Families program)?

A: The Medi-Cal/Healthy Families Outreach and Education Campaign provides information about the availability of health care coverage to children through both the Medi-Cal and Healthy Families programs. Individuals who have lost automatic Medicaid (Medi-Cal) may be eligible to reapply for Medi-Cal or apply for the Healthy Families depending on their personal circumstances.

Q46: Will the proposer be responsible for acting as a "clearinghouse", distributing collateral materials to community-based programs?

A: The Contractor will be responsible for the distribution of materials to community-based programs.

Q47: Based on the Department's experience, what quantities of collateral materials and incentive items will be required for distribution through community-based programs?

A: Since the Department does not have previous experience implementing the Medi-Cal/Healthy Families program, the Contractor should rely on their own estimates. Please refer to question 49 below for information regarding the BabyCal Campaign.

BABYCAL

Q48: What is the significance of the list of CBOs in the RFP Appendices?
Q48a: Please explain the difference between the following designations: **CBOs** and **community-based programs**?

A: The list of CBOs in the RFP Appendices a partial listing of statewide CBOs that voluntarily participate in the BabyCal Campaign. Please refer to page 24 of the RFP for more information about BabyCal CBOs.

For the purposes of this RFP, organizations that voluntarily participate in the BabyCal Campaign are defined as community-based organizations (CBOs). The organizations that the Medi-Cal/Healthy Families Campaign will contract with to assist families to enroll their children in Medi-Cal are defined as community-based programs.

Q49: Based on the Department's experience, what quantities of collateral materials and incentive items will be required for distribution through CBOs for the BabyCal Campaign?

A: Provided below is the most recently approved estimated quantity for a fifteen month supply of BabyCal collateral items: Brochures - 170,000; Posters - 8,500; Mini-posters - 33,500; Brochure Holders - 1,500; Pens - 65,000; Wipe Off Magnets - 40,000; Collateral Order Forms - 1,500.

Q50: What are the current strategies and targets for BabyCal?
Q50a: Does the BabyCal target audience change with Phase V and Phase VI?

A: BabyCal Campaign program elements and target group are described on pages 21-22 of the RFP. Over time, the BabyCal Campaign may focus on specific targeted populations based on indicators such as, infant mortality rates and low- birth weight statistics.

Q51: You have included a list of CBO's in the proposal. How did you arrive at this list and can it be expanded?

A: The list of CBOs identified in Appendix 2 are all those which voluntarily agree to participate in the BabyCal Campaign at this time. All of these CBOs serve pregnant women and/or their families. The RFP outlines the BabyCal CBO participation on page 24. The Contractor should continue enrollment of CBOs to participate in the Campaign.
Q52: With 380 BabyCal CBO's about how many women are served annually?

A: Since the CBOs participating in BabyCal do so voluntarily, they do not report the number of pregnant women served annually by their organizations. Please refer to page 24 of the RFP for additional details regarding the BabyCal Network of CBO's.

Q53: If we need to use the current BabyCal advertising, does that mean we use advertising from each phase in a rotation or just phase IV? Also, are we required to use the same collateral pieces that have already been designed?

A: At this time, we expect that advertising from Phase IV will be used by the new Contractor. However, the Department may require advertising from previous phases be rotated. If so, talent payments will need to be re-negotiated. BabyCal has just recently released newly designed collateral items (November 1997). We expect to continue its use for some time due to the significant investment of time and resources and the proven effectiveness of similar materials.

MANAGED CARE

Q54: For planning purposes, is the Medi-Cal Managed Care advertising supposed to be treated as a launch in September 1998, regardless of the status of advertising that may already be placed in the marketplace?

A: The Medi-Cal Managed Care advertising to be introduced in September 1998 should be treated as an expansion of the ongoing campaign, and not as a launch.

Q55: How long does the Medi-Cal Managed Care program have to be supported in each target county? Are these on-going campaigns or are they time sensitive?

A: As funding permits, it is expected that the Medi-Cal Managed Care Campaign will be ongoing in each county with specified down times. Also, the same creative materials and messages will be used depending on the target county.

Q56: Which five counties will be added to the Managed Care Campaign in early 1998?
A: At this time we expect that Riverside County/San Bernardino County, San Diego County, Tulare County (variable due to current operational difficulties), and two other counties to be chosen, will be added in early 1998.

Q57: What are the current strategies and targets for the Managed Care Campaign?

A: A description of the current Medi-Cal Managed Care Outreach and Education Campaign is provided on page 6 of the RFP. The required scope of work for the Medi-Cal Managed Care Education and Outreach Campaign including key messages, key program elements , target groups and specific activities are outlined on pages 28-29 of the RFP.

TALENT

Q58: What are all of the Phase I through IV advertising and other campaign materials that are available to be used until April 1999 and beyond?

Q58a: What talent has been retained on each program and what are their contracts to be negotiated with SAG and the American Federation of TV and Radio Artists?

A. The BabyCal Campaign currently is running Phase IV ads. These include 3 radio ads and 5 English TV ads and 2 Spanish TV ads. Medi-Cal Managed Care currently is running 2 English radio ads and 1 Spanish radio ad. The Department and the new Contractor will determine which ads will continue to be aired, talent to be retained, and ongoing contracts to be negotiated or re-negotiated.

Q59: How much of the current budget is allocated to the talent?

A: The current contract budget does not specify a talent line item. Talent costs are included in the Advertising Production line item.

MEDIA

Q60: Both the BabyCal and Medi-Cal Managed Care sections outline specific mediums to be used (TV, radio, print, outdoor, collateral). Are these mediums required as stated or if we feel a different mix is more appropriate, can we recommend that?

Q61a. Can we get copies of the current media plans?

A: Based on the funding available to each of the three Campaign components , the Department expects that the Contractor will propose the most effective media mix to best reach the target audience. For the BabyCal Campaign, current statewide outreach on television and radio is broadcast on a pulsed basis (approximately bi-weekly for 9 months/year). Programming is selected to best reach the BabyCal target audience. At this time, the Medi-Cal Managed Care Campaign only has conducted radio and outdoor advertising in Los Angeles County. Copies of sample current media buys will be available for review at the Medi-Cal/Healthy Families Outreach and Education Campaign Data Library (please refer to Addenda 1).

Q61: Do you have an idea of breakout of contract for Advertising and Publications?

A: It is the proposer's charge to recommend the most effective mix to achieve the campaigns' objectives.

Q62: In which Asian/Pacific Islander (API) languages do you expect materials and or advertising to be adapted?

A: Cambodian, Cantonese, Hmong, Lao, and Vietnamese.

DATA RESEARCH

Q63: Can we get copies of the evaluation research reports for BabyCal?
Q63a: How can we access any and all research that has been done on any of the three areas?
Q63b: Is there information available from any formative research?
Q63c: What formative research is available for the Medi-Cal Children's Outreach campaign scheduled for launch in February? How/when will it be evaluated?

A: Copies of the current Campaigns (BabyCal and Medi-Cal Managed Care) focus groups and evaluation reports were available for review at the Proposers' Conference and will be available for review at the Medi-Cal/Healthy Families Outreach and Education Campaign Data Library (please refer to Addenda 1). No research has been conducted for the Medi-Cal Healthy Families Outreach and Education Campaign component. No formative research has been conducted for the Medi-Cal Children's Outreach Campaign slated to be launched in February 1998 through June 1998. Since the Medi-Cal Children's Outreach Campaign will be phased into the Healthy Families Campaign no formal evaluation of the Medi-Cal Children's Outreach Campaign has been planned.

Q64: This is not a simple enrollment process, enrollees must be convinced to pay/make monthly premiums,. How will Contractor assist Medi-Cal in data collection and evaluation of the different coverages (purchasing pool or insurance credits)? Barriers regarding enrollments, why research CBO data collection and evaluation of processes, methods? What is effective in convincing parents/parents-to-be to enroll? Staying enrolled? Why do they drop out? Does economics play a role? Etc.

A: Proposers will need to research these issues and under this contract develop strategies and solutions to address these issues. The Department recognizes that implementation of the new Healthy Families low-cost children's insurance program presents many challenges.

It should be noted that the MRMIB Healthy Families Program Enrollment Contractor will be responsible for all Healthy Family program enrollment issues. The Medi-Cal/Healthy Families Outreach and Education Campaign Contractor, in conjunction with the Department and MRMIB, will work to increase families' awareness of children's health coverage through a variety of targeted strategies and community-based program application assistance.

Q65: Can we contact program managers at MRMIB?

A: Program managers at MRMIB should not be contacted regarding questions about the Medi-Cal/Healthy Families Outreach Campaign. All questions should be directed to Office of Medi-Cal Procurement as specified in the RFP.

Q66: Page 31, D4. In order for an agency to determine "cost effectiveness" the State will have to provide historical data on costs of Medi-Cal as well as costs as the campaign progresses. How are you planning on supplying that data? How can we determine that it is the campaign that is having an effect and not other programs going on concurrently?

A: As stated on Page 31, D4 of the RFP, which addresses Contractor's Reporting Requirements, the Contractor will be required to provide the Department with complete campaign activity documentation for use in preparing management and legislative reports. The Contractor is required to document Campaign progress, the effectiveness of the outreach campaign efforts, and the cost-effectiveness of those outreach efforts in reaching the targeted population. Costs of the Medi-Cal program do not need to be considered by the Contractor in furnishing the above mentioned reports. Other indicators should be considered such as the number of uninsured children who have been enrolled in Medi-Cal and the Healthy Families program, the increased use of preventive health care services, and other outcome measures described in the Department of Health Services' (DHS) Healthy Families State Plan Amendment (available through DHS home page: http://www.dhs.cahwnet.gov/.).

Although it may be difficult for Campaigns to take full credit for increased enrollment, reduction in the infant death rate, etc., it is expected that responses of target audience such as calls to its toll-free number, increase in the number of children on Medi-Cal, progress and evaluation reports, reports from community-based programs, etc. will provide the Campaign with indicators as to its impact on the target population.

Q67: Do you have data available by county and ethnicity for potential Medi-Cal, Healthy Families and BabyCal participants , as well as Medi-Cal Managed Care beneficiaries?
Q67a: What percentage of eligible recipients speak English as a second language?
Q67b: Can we get copies of SB391? Is it online?

A: No data is available by county and ethnicity for potential Medi-Cal beneficiaries, Healthy Families enrollees, and BabyCal participants. No information is available on the percentage of eligible recipients who may speak English as a second language. Copies of SB 391 are available through the Legislative Bill Room (916) 445-2323 and through the Department of Health Services home page: http://www.dhs.cahwnet.gov/.

Q68: What is the FPL in California?

A: A copy of the 1997 Federal Poverty Level (FPL) chart is attached to this packet specifying percent of FPL by number of persons in household and their annual income levels. For example, a family of four at 200% of the FPL may have an income of $32,100.

Q69: Does DHS have geographic target audience concentration data for the Healthy Families or BabyCal Programs, i.e. families living at 100-200% of the FPL?
Q69a: What are the demographics of the population that would qualify for Healthy Families?

A: The target audience eligible for the Healthy Families program is described on page 16 of the RFP. These include the family's income must be between 100 and 200 percent of the FPL. (1997 FPL chart is provided in this packet); the family must not be eligible for free Medi-Cal coverage; and the family must not have been covered by public, private, or employee-sponsored insurance policy for the previous three months.

Q70: Can DHS make available to the Contractor the names, addresses and language preferences of current Medi-Cal recipients for the purpose of targeted direct mail efforts?

A: No, current Medi-Cal beneficiaries are not the intended target of the BabyCal or Medi-Cal/Healthy Families campaigns. The Medi-Cal Managed Care Enrollment Contractor would be responsible for any direct mail efforts targeted to Medi-Cal beneficiaries.

Q71: What is the estimated size of section 1931? Ethnicity? Ages? Income?

A: The Section 1931 group is composed of certain individuals who were previously covered under the Aid to Families with Dependent Children's program who lost automatic Medicaid coverage due to the implementation of the Personal Responsibility and Work Opportunity Reconciliation Act. It is difficult to estimate the number of individuals that will be impacted at any one time due to the delinkage of cash aid (AFDC) and Medi-Cal. Consistent outreach messages should emphasize that Medi-Cal/Healthy Families message about availability of health coverage for children through Medi-Cal and the new Healthy Families Program.

ADVERTISING

Q72: Do the BabyCal and Healthy Families programs have to be advertising-supported statewide?

A: Yes, the BabyCal and Medi-Cal/ Healthy Families programs have advertising supported statewide.

EVALUATION

Q73: On what basis will the Department determine that an oral presentation is required, since it appears to be optional? How will the 50 points for the oral interviews be allocated (i.e. what is the criteria for evaluation)?

A: Please refer to section XVI. , D. of the RFP for information regarding oral interviews. It is anticipated that the three highest scoring proposers in Stage 2 of the Evaluation will participate in the Stage 3 Oral Interview as the final step of the proposal evaluation. Oral interviews are conducted by the Department as a mean to further assess the capability and qualifications of proposers beyond their written proposals.

Q74: When will agencies be notified that they are finalists and must participate in the oral interviews?
Q74a: When will notification be given to those agencies qualifying for oral presentation?

A: To give proposers adequate time to prepare for oral presentations, the Department will supply proposers scheduled for oral presentations with information regarding the scoring criteria for oral interviews, including the 50 point distribution, and the types of questions that are likely to be asked during the oral interview no later than January 7, 1998. Finalists will be notified by that same date of the time to appear for the mandatory oral interview on January 14, 1998.

Q75: On page 57 of the RFP, the point scoring steps outline a subjective evaluation process that relies primarily on individual recommendations made after proposals are submitted and does not state in advance the scoring criteria. Please explain this deviation from normal practices and the public contract code.

A: Pages 56-63 of the RFP identify detailed rating criteria and associated point breakdowns showing how points will be assigned to each rating category for Stage 2 Proposal Evaluation and Scoring. This contract is exempt from all provisions of the Public Contract Code.

Q76: On page 57, the RFP says that the chief of OMCP may modify the score recommended by the evaluation committee. On what basis can the chief modify the scores?

A: The Chief of the Office of Medi-Cal Procurement may modify the score recommended by the evaluation committee in those instances where an evaluator's scoring clearly deviates from the scoring of other evaluators and cannot be substantiated or justified by review of analysis factors. The Department uses this safeguard to ensure consistent scoring and fairness to all proposers.

Q77: What will the Department do to ensure no favoritism is shown to the agency that is the incumbent most of this contract?

A: The scoring criteria to be used in evaluating all proposals is as objective as possible.

PROPOSALS

Q78: Are you expecting to see recommended creative solutions for all three of the campaigns?

A. Yes. Please refer to Section X, F., 10. of the RFP which requires that the proposer must complete a work plan section for each campaign component.

Q79: Is it correct that the three storyboards to be submitted in the workplan section should pertain only to the Healthy Families campaign? Should media outreach be addressed.

Q79a: Should the proposal include three storyboards for each target audience ethnicity (i.e. Asian, Spanish, African-American, Indian, etc.)?

Q79b: If only General population storyboards are requested, is it expected that ethnic advertising will be a straight translation of the English advertising? Or can different audiences have different executions?

Q 79c: Page 52 a. Does (3) storyboards refer to (3) TV "ideas" or literally (3) 8½x11 storyboards?

Q79d: How should other new creative (e.g. radio, outdoor, posters) be submitted?

A. The RFP, pages 52 and 62, describes the type of creative samples that are to be submitted by the proposer and how these items will be evaluated by the Department's Evaluation Committee. The RFP states that three "8 ½ x 11" storyboard representations that reflect proposed strategies for the new Medi-Cal/Healthy Families Campaign as described in the proposer's work plan must be submitted. The three sample storyboards may be representations of any three items detailed in Section VII., A. 4 b., Target Audience Media Outreach of the RFP and detailed in the proposer's work plan. Sample storyboard representations are not required for the BabyCal Campaign or the Medi-Cal Managed Care Campaign components.

Q80: Can we package proposals in a creative manner?

A: Yes, as long as proposals are submitted in the manner described in the Proposal Submission Instructions, Section XI. pages 52-53 of the RFP.

CAMPAIGN ADVISORY

Q81: Please describe the Campaign Advisory Committee operators and makeup?
Q81a: How will the Department limit its operators to "advisory" concerns?
Q81b: Is the Advisory Panel already formed? Could it be used as part of the CBO contract review process (i.e. serve as a review panel with agency)?

A: Section VII, K. of the RFP provides a brief description of the make up of the Campaign Advisory Committee to be formed at the discretion of the Department. To date, an Advisory Committee has not been formed. If formed, the capacity and responsibilities of the Advisory Committee would be determined by the Department to meet current needs.

FACILITIES FOR CONTRACTOR STAFF AT DHS

Q82: Some DHS media contracts require or allow the agency to put staff on-site at DHS to help coordinate the contract. Does this contract require on-site staff? If so how many? If a Contractor believes it would be useful (and it is not required), will on-site staff be allowed (and space provided)?

A: This contract does not require that the Contractor place staff on-site at the Department. If a Contractor believes that it would be useful to place staff on-site to help coordinate the contract, the Contractor would need to request that as part of the terms and conditions of the Contract during contract negotiations. Proposers should be cautioned that State space is at a premium and the Contractor will be required to reimburse the State for any occupied space and utilized resources.

SUBCONTRACTOR TEAMS

Q83: Can the State pick and choose certain Contractors out of a unified team? Can you pick one or two but not the third or will teams be picked as a whole?

A: Section XVIII., Miscellaneous RFP Information, item B., outlines the State's right to approve all subcontractors: "An entity may propose using subcontractors for the performance of work. This does not limit the department's right to approve the selection of subcontractors." Also, please note Exhibit A (C) item 14 further details the State Approval of Subcontracts.

CLARIFICATIONS

Q84: On pages 3 and 4, what is the total number of uninsured children not receiving Medi-Cal?
Q84a: Please clarify how many uninsured California children there are. The RFP refers to 1.2 million (representing 75 percent of all uninsured) living within 200% of FPL, which means the total uninsured is 1.6 million. Yet on the next page, the document refers to the "remaining 6 million uninsured children."

A: Paragraph 2 on page 4 of the RFP should read: "The remaining **620,000** uninsured children may be eligible for (but not enrolled in) Medi-Cal…"

Q85: The weighting of creative samples on pages 62-63 does not equal 100%? Please explain.

A: Please refer to Stage 2 Proposal Evaluation and Scoring, Creative Samples Number 2 on page 63. The **weight** should be **.50**.

1997 FEDERAL POVERTY LEVEL CHART

PERSONS	MMNL ($)	PERCENT OF FPL	100% ($)	ANNUAL ($)	120% ($)	ANNUAL ($)	133% ($)	ANNUAL ($)	185% ($)	ANNUAL ($)	200%($)	ANNUAL ($)
1	600	92	658	7,890	789	9,468	875	10,494	1,217	14,597	1,315	15,780
2	750	85	885	10,610	1,061	12,732	1,176	14,112	1,636	19,629	1,769	21,220
2 ADULTS	934	106	885	10,610	1,061	12,732	1,176	14,112	1,636	19,629	1,769	21,220
3	934	85	1,111	13,330	1,333	15,996	1,478	17,729	2,056	24,661	2,222	26,660
4	1,100	83	1,338	16,050	1,605	19,260	1,779	21,347	2,475	29,693	2,675	32,100
5	1,259	81	1,565	18,770	1,877	22,524	2,081	24,965	2,894	34,725	3,129	37,540
6	1,417	80	1,791	21,490	2,149	25,788	2,382	28,582	3,314	39,757	3,582	42,980
7	1,550	77	2,018	24,210	2,421	29,052	2,684	32,200	3,733	44,789	4,035	48,420
8	1,692	76	2,245	26,930	2,693	32,316	2,985	35,817	4,152	49,821	4,489	53,860
9	1,825	74	2,471	29,650	2,965	35,580	3,287	39,435	4,572	54,853	4,942	59,300
10	1,959	73	2,698	32,370	3,237	38,844	3,588	43,053	4,991	59,885	5,395	64,740
For each additional member add: $14			227	2,720	272	3,264	302	3,618	420	5,032	454	5,440

Medi-Cal maintenance need limit for person in LTC = $35

Medi-Cal maintenance need level = MMNL

Qualified Medicare Beneficiary (QMB) =100%

Children born after 9/30/83, ages 6 up to 19 =100%

Specified Low Income Beneficiaries =120%

Children age 1 up to age 6 = 133%

Pregnant women and infants up to age 1: Income Disregard Program use the 200% chart (the disregard is built into the 200% chart).

Qualified Disabled Working Individuals = 200%

Transitional Medi-Cal (TMC) =185%

*Decimals are rounded up to the nearest dollar